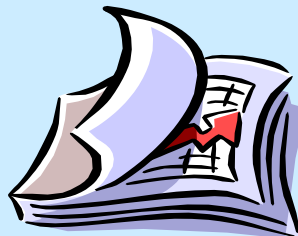**Division of Developmental Disabilities (DDD)**
Department of Mental Health, Retardation and Hospitals (MHRH)

SUMMARY REPORT
AGENCY REVIEW PROCESS AND FINDINGS

February 2006

Craig S. Stenning, Acting Executive Director

A. DEVELOPMENT OF THE AGENCY REVIEW PROCESS AND PROTOCOL

As part of the administration of the federal Home and Community Based Waiver, it is the responsibility of the Division of Developmental Disabilities (DDD) to work collaboratively with community agencies to ensure compliance with the requirements of the Medicaid Waiver. Prior to 2001, some of the processes in place included the Division's certification process for community agencies, the MHRH Licensing Reviews, the CQI Project administered by DDD and the annual Satisfaction Surveys conducted by PAL as a component on the National Core Indicators (NCI) Project. In preparation for the Centers for Medicaid and Medicare Services (CMS) review of our Waiver renewal in 2001, DDD met with agencies to review various policies, procedures, individual records, provider qualifications, incident management, etc.

A protocol was developed in order to conduct a standardized review for each agency. The tool was designed as a checklist and modeled after the Center for Medicaid and Medicare Services (CMS) protocol which included the following areas:

> A. *Individual Record Review-Program Areas*
> B. *Individual Record Review-Health Care*
> C. *Provider Qualifications*
> D. *Incident Management*
> E. *Fiscal Review*

The Division hosted a number of community meetings in 2000-2001 with provider organizations to explain the areas of review process and to share copies of the new protocol. Teams of individuals from MHRH and DHS were established in early 2001 to schedule and conduct reviews with all licensed community agencies providing services to adults with developmental disabilities. Final Reports were completed on each visit summarizing findings in each of the review areas including specific recommendations for quality improvement. Agencies were required to respond back to the Final Report providing information on strategies/action steps to address each recommendation, identification of the primary individual responsible for its implementation and timeframes for completion.

In 2002 the Division made some minor modifications to a few of the areas within the review format (including personal interviews with people with disabilities, for example) based on feedback received from agencies and team members. The Division then identified individuals to be a part of a team who began reviewing agencies utilizing the revised format. A single team of staff with various areas of expertise was organized in order to ensure consistency for the reviews of each agency. While this has ensured consistency it has resulted in fewer agencies being reviewed on an annual basis. The Division is currently exploring other options to expand this review process while remaining consistent in the application of utilizing the protocol.

Current Agency Review Process

A multi-disciplinary team of individuals participate in the Agency Review process which typically takes 1-3 days. Each member of the team is responsible for reviewing various components of programs/services, sharing a summary of their findings with the agency staff at the end of the visit and for writing a section of the Final Report that is formally sent to the agency.

The following materials are made available for the Team on the morning of the review:
- Agency Mission Statement
- Annual Report
- Results of Outcome/Satisfaction surveys that may have been completed by the agency
- Agency Strategic Plan
- Agency Evaluation
- Health Care/Nursing Policies and Procedures

In addition, the following information is reviewed:

Individual Records
- 7-10 case records including all necessary background information, health care and medical assessments, individual plan, social histories, etc. (some names of people with developmental disabilities are randomly selected by the Division and a few are selected by the agency).

Provider Qualifications
- Agency Policy and Procedure Manual
- Orientation Program for New Staff and copies of training curriculums
- Schedule of In-Service Training
- In-Service Training Curriculums
- Personnel Records

Incident Management
- Copies of incidents that have been reported internally for the 7-10 individuals whose records are being reviewed.
- Names and titles of the members of the agency's Incident Management Committee
- Copies of Incident Management Committee meeting minutes
- Copies of reports generated by the agency's internal data tracking system
- Recommendations of the Incident Management Committee and documentation of follow through on recommendations

Fiscal Information

- Agency policies and procedures relating to financial operations
- Documentation on billing for Medicaid funds
- Claims information
- Internal controls

The agency is expected to respond to the Final Report of the Team within twenty working days by providing a written response to each recommendation including action to be taken, staff responsible and timeframes for completion.

B. OVERVIEW OF THE SUMMARY REPORT AGENCY REVIEW FINDINGS
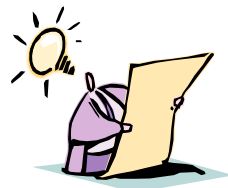
This *Report* represents a summary of the findings from the 13 agency reviews conducted from 2002-2005. It includes information on positive findings of the visits as well as areas for potential improvement. It should be noted that while this report represents approximately one-third of licensed/certified providers in RI it may not be representative of all agencies within the system. These findings are only from the reviews of the 13 agencies that were visited.

There are many examples of exemplary practice being implemented by various agencies that should be highlighted in another type of format to be publicly disseminated as a part of a broader effort to share information about Best Practices statewide. This Report is intended to be one component of the Division's *Quality Management Strategy* to continue to communicate and convey to stakeholders involved in the DD system information collected from the state's agency review process over the last few years.

Team Members
The information included in this report was prepared by the following individuals who are members of the Team that visited the various agencies:

Denise Holmes, RN, Office of Health Care, DDD
Kathy Fraits, RN, Office of Health Care, DDD
Maya Colantuono, Office of Community Support, DDD
Maureen Wu, Office of Fiscal Management, DDD
Sue Lundin, Don Gardner and Scott Monroe, Social Services, DDD
Joanne Malise, Independent Consultant
Sue Babin, Office of Quality Assurance/Special Projects, DDD

Overall Findings
Almost without exception, the community agencies reviewed have made significant changes as a result of recommendations from an earlier round of reviews completed in 2001 prior to the CMS evaluation of RI's Home and Community Based Waiver Program administered by the Division and the Department of Human Services (DHS). Agencies have viewed this review process as a valuable tool to assess their agency utilizing specific areas of focus. Staff from the various agencies were very cooperative throughout the review process. People with disabilities were interviewed and appreciated the opportunity to talk about their personal lives and the services they

were receiving from the agency. The collaborative work of DDD and agency staff in the Agency Review process has resulted in the opportunity for technical assistance and enhanced communication between DDD and agencies themselves.

Included on the next set of pages is a more detailed description of the *Positive Findings* and *Areas for Potential Improvement* for each of the five areas of the Agency Review.

1. INDIVIDUAL RECORD REVIEW-PROGRAM AREAS

Positive Findings

- ✓ Individual records generally have a comprehensive face sheet and background information on each person.
- ✓ The agencies seem to be looking at many aspects of the lives of people with disabilities.
- ✓ People with disabilities are included and directly participate in the planning process.
- ✓ Human Rights statements are being reviewed with people and are included in the records.
- ✓ Families are included in the plan development process.
- ✓ Health and safety issues are addressed.
- ✓ Vital statistics are fairly current.
- ✓ People are living in "safe" situations.
- ✓ There is a trend to increase choices in people's lives.

Areas of Potential Improvement

- ➢ Emphasize relationship development as an integral part of the IP process, by including strategies and opportunities to strengthen existing relationships as well as to develop new relationships, particularly in the community, as part of the Individual Plan.
- ➢ More focus on identification of desired outcomes for each person, and a regular assessment to determine if those outcomes are being met including documentation of findings.
- ➢ Adopt a simple, consistent format for regular recording of goals and activities specified in the IP, including more detailed documentation within progress notes.
- ➢ More focus in IP's on strategies for risk assessment and planning in order to minimize risk of harm.

2. INDIVIDUAL RECORD REVIEW-HEALTH CARE

Positive Findings

✓ The majority of healthcare exams (e.g., annual physicals, dental exams, gyn exams, etc.) are current and there is greater emphasis on accessing preventive health care screenings, e.g., colonoscopy.
✓ There is notable improvement in overall health care/nursing documentation.
✓ There is notable improvement in the content and scope of agency health care policies and procedures.
✓ There is notable improvement in the overall organization and content of the health care records.
✓ There is more consistent utilization of the *Health Care Orientation for Direct Support Staff* standardized training curriculum and improved documentation of staff training.

Areas of Potential Improvement

➢ The records should include a standardized format for documenting immunization history and current status of immunizations.
➢ Nursing Assessments should include objective physical examination data in addition to any relevant narrative.
➢ Nursing Progress Notes should be written in outcome-focused formats and reflect the medical needs of the individual. At minimum, nursing notes should include (a) statement of presenting problem (b) planned intervention, and (c) evaluation of the individual's response to the intervention.
➢ Nursing Plans of Care should be reviewed on a regular basis as the plans provide direction and guidance to the Direct Support Staff. A Nursing Plan of Care should be written and implemented any time there is a change in the individual's health status.
➢ Agencies should closely track/monitor all medication errors to identify trends and potential training issues. During the course of several agency reviews, medication errors of which the respective agency was unaware were found in the records.

3. PROVIDER QUALIFICATIONS

Positive Findings

- ✓ Personnel records are well organized and contain all required information on employees.
- ✓ Policy and Procedure Manuals are good.
- ✓ Staff training curricula are increasingly creative and interactive, and many agencies are drawing from the Direct Support Professional (DSP) Training Curriculum.
- ✓ Lots of effort goes into agencies' strategic planning process.
- ✓ More agencies are conducting consumer satisfaction surveys.

Areas of Potential Improvement

- ➢ Routinely utilize information obtained through Consumer Satisfaction Surveys to inform the Agency Strategic Planning Process.
- ➢ Strengthen curricula for orientation and training through consistent use of pre and post-tests, interactive trainings, and continued sharing of new materials and training activities amongst provider agencies.
- ➢ Annual evaluation reports should be more readily available to people with disabilities, family members, Boards of Directors, Human Rights Committees and other interested persons to communicate the accomplishments, program highlights, incident data trends analysis, consumer and family satisfaction survey results/findings, new initiatives, etc.

4. INCIDENT MANAGEMENT

Positive Findings

- ✓ Agencies have invested significant time and resources in training professional and direct support staff to understand the various requirements for Serious Reportable Incidents to be reported to the Office of Quality Assurance, DDD.
- ✓ Serious incidents are reported to the Office of Quality Assurance within 24 hours by staff at community agencies.
- ✓ Most agency policies and procedures on *Abuse* and *Reporting Requirements for Incidents* are clear and include detail as required.
- ✓ Agencies understand the importance of tracking incidents and the value of learning from various investigations in order to prevent similar incidents from occurring.
- ✓ Incident Management Committees include diverse representation of staff within agencies and recommendations have been implemented in the areas of policy development, procedural changes and staff training.

Areas of Potential Improvement

- ➢ Incident Management Committees should meet weekly to discuss and classify each reported incident, determine necessary follow up action to prevent any further harm , to identify trends and proactive strategies for system improvement.
- ➢ Technical assistance is needed by most agencies to establish sophisticated data tracking systems to generate reports on aggregate information on incidents reported internally within the agency and those reported to QA. Some agencies manually track reported incidents.
- ➢ Human Rights Committees and Boards of Directors should routinely receive aggregate reports and trend information on incidents that occur, outcomes of investigations and actions taken by the agency for quality improvement.
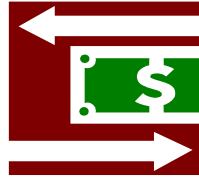
5. FINANCIAL REVIEW

Positive Findings

- ✓ In general, most financial systems are set up with good audit trails.
- ✓ Authorizations for services are decremented by the total amount authorized.
- ✓ Attendance reports match billing.
- ✓ Documentation of some supports provided are linked to authorization of services, employee time sheets, and case notes.
- ✓ Reconciliation of individual's cash for personal needs and clothing has improved since 2003.
- ✓ Most agencies have a good level of communication between program and fiscal staff. This is an integral component in managing services for individuals. Agencies should look to strengthen and support this communication.

Areas of Potential Improvement

- ➢ Review and update fiscal policies and procedures to include new procedures resulting from either changes in billing at the Division or expansion of services at the agency.
- ➢ Enhance agency internal monitoring
  - …Periodic, possibly quarterly, sampling of documentation of services provided should be incorporated to insure services are provided in accordance with the Division's authorization of service.
  - …Periodic sampling, quarterly or semi-annually, of reconciliations of individual's cash for personal needs and clothing.